

UKIP PARLIAMENTARY RESOURCE UNIT

Britain's Maternity Crisis



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Executive Summary

"I'm sorry, you can't have your baby here, we're full."

Can you imagine being a pregnant woman in labour, turning up at your chosen maternity ward, only to be given this news? You might think it a nightmare scenario but, for 575 women last year, it was a profoundly upsetting reality.

In October 2015, the Royal College of Midwives (RCM) polled the Heads of Midwifery at 83 NHS trusts. More than four out of ten (42%) said they had closed their maternity units at some point within the last year, a rise from just over three out of ten (33%) in 2014.¹ On average, each unit closed their doors on 6.6 separate occasions in 2014 and on 4.8 separate occasions in 2015. In 2014 one single unit closed 33 times, and another 23 times in 2015.

The most usual reason given was a shortage of midwives to cope with demand. The consequence for 575 pregnant mums was they were forced to make uncomfortable journeys of perhaps tens of miles to another hospital, while fearful and in extreme pain, in order to try and find a safe place to give birth.

Britain's Baby Boom

The total number of births in the UK is almost at an all-time high, having increased rapidly in recent years.²

In 2001, just 595,000 children were born in England and Wales, a 2% fall on the previous year, and the lowest number since records began in 1924.³ A programme of school closures followed this drop and, between 2002 and 2008, 1,704 schools were shut in England, an average of 6.6 a week.⁴

In England in 2007, there were 244,111 surplus secondary school places, and 513,512 surplus primary school places.⁵

By 2012 however, live birth rates soared and reached a record high of 729,674, up by almost a quarter on 2001.

Pressure on primary schools is now intense, and schools are being expanded at a rapid pace. According to the Local Government Association, councils have already created an extra 300,000 primary places since 2010, yet an additional 336,000 primary school

¹ <https://www.rcm.org.uk/news-views-and-analysis/news/maternity-services-overworked-understaffed-and-struggling-to-cope-shows>

² There were 695,233 live births in England and Wales in 2014, a decrease of 0.5% from 698,512 in 2013 (Office for National Statistics)

³ 595,000 children were born in England and Wales in 2001, down 2 per cent on the year before.

⁴ <http://www.telegraph.co.uk/news/uknews/1578183/Countryside-abandoned-as-schools-close-daily.html>

⁵ <http://www.telegraph.co.uk/education/1577142/One-in-10-secondary-schools-face-closure.html>

places will still be needed by 2024.⁶ Government statistics show the secondary school population will also increase by 20 per cent by 2024, meaning a need for 900,000 new primary and secondary school places over the next decade.⁷

The Connection to Immigration

Uncontrolled immigration has made a significant contribution to the current high numbers of births. 57% of the population growth between 2001 and 2012 has been due directly to net migration,⁸ while an increasing number of babies are also being born to mothers who were born outside the UK.

In 2001, 16.5% of all live births were to mothers born outside the UK. By 2012 that had climbed to 25.9% and in 2014, the last year for which figures are available, 27% of live births were to foreign-born mothers. This is an all-time high.⁹

Migrant women from some countries having more children than a UK-born woman, on average, is also a factor behind the current high UK birth rate. The average for an Afghan-born woman living in the UK is 4.25 children; for a Somali-born woman 4.19 children; for a Pakistani women 3.82; and the average for women living in the UK who were born in one of the twelve eastern European nations within the EU, 2.19. UK-born women have an average of 1.79 children.¹⁰

Maternity units are not unique in the health service when it comes to feeling the knock-on effect of uncontrolled migration. 'Rising demand' for NHS services is one of the principal reasons identified by regulators for the NHS's forecast £2.4 billion deficit this year.¹¹

Case Study – Peterborough

Peterborough is an area of the country that has been significantly affected by immigration. The 2011 census revealed 37,892 people, 21% of the total population of 183,631, were not born in Britain. Peterborough also has the highest maternity rate in the country and, in the last five years, has had to create 5,000 extra primary school places.

At least 29 mums-to-be were turned away from Peterborough City hospital in 2013, when the maternity unit closed seven times.

⁶ http://www.local.gov.uk/web/guest/media-releases/-/journal_content/56/10180/7786184/NEWS

⁷ <https://www.gov.uk/government/statistics/national-pupil-projections-trends-in-pupil-numbers-july-2015>

⁸ Migration Watch

⁹ <http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummarytablesenglandandwales/2015-07-15#live-births-to-mothers-born-outside-the-uk>

¹⁰ According to the data from European statistics agency Eurostat.

¹¹ <http://www.thesun.co.uk/sol/homepage/news/politics/7046027/Exclusive-Beat-the-Brexit-Eastern-Europeans-in-frantic-scramble-for-UK-jobs.html>

Older Mums and Multiple Births

Immigration is not exclusively the reason for stress on maternity services. Maternity care can also be more complex than it has been in the past and often requires greater clinical involvement, not least because of a sharp increase in the number of women giving birth in their 40s, and the increase in the number multiple births.

More than four times as many women now have children in their 40s than thirty years ago. One in 25 of all babies are now born to a woman aged 40 or over. The number of women over 35 giving birth has risen almost as sharply. The average age of motherhood has likewise crept up, from 26.4 in 1973, to 28.1 in 2013.¹²

Meanwhile, 12,088 pregnancies in the UK involved multiple births in 2014, up by nearly a quarter on 1992.¹³

The Cost of Maternity Care

According to the National Audit Office, maternity care cost the NHS £2.6 billion in 2012-13, an average of £3,700 per birth. This represents 2.8% of all health spending, which is comparable to ten years ago, despite the significant increase in births over the same period.¹⁴

Births to mothers from other EU countries cost the NHS £1.3 billion over the past 10 years: nearly 476,000 babies were delivered in England and Wales between 2005 and 2014 to mothers born in other EU states. This is according to figures revealed by the Office for National Statistics.

Shockingly, £482m, one fifth of the £2.6 billion annual maternity budget, is now spent on settling negligence claims, equivalent to £700 per birth.¹⁵

The Cost to Migrants

EU migrants currently qualify for free maternity care. The NHS is entitled to reclaim the cost of treatment from other member states under longstanding reciprocal arrangements through the use of a European health insurance card, the 'Ehic' card. The NHS does not, however, appear to be very effective at recovering these payments: the UK pays an average of £723 million a year – or £2 million a day – more to EU countries for treatment of UK nationals than it receives back for treating their citizens in British hospitals and surgeries.¹⁶

¹² <http://www.theguardian.com/lifeandstyle/2013/oct/15/women-over-age-40-babies>

¹³ ONS

¹⁴ <https://www.nao.org.uk/report/maternity-services-england-2/>

¹⁵ Figures from the National Audit Office

¹⁶ Analysis of a Department of Health Freedom of Information request by the Vote Leave campaign showed that since records began in 2007/8, the UK paid £6.18 billion to other EU member states for the treatment of British citizens in the EU, but received only £405 million

Since records began in 2007/8, the UK has paid £6.18 billion to other EU member states for the treatment of British citizens in the EU, but received only £405 million back from other EU countries for treating ill EU citizens.

Non-EU migrants however, can be charged 150% of the cost of NHS treatment. This has been the case since Spring 2015, and was introduced by the government in order to tackle 'health tourism' and in theory potentially recoup an estimated £500 million by 2017.

The devolved assemblies or parliament can make exceptions: refused asylum seekers, for example, are exempt from secondary charges in Wales, Northern Ireland and Scotland.

Undocumented migrants (or illegal immigrants) are not generally meant to be entitled to free NHS care. However, they may see a GP for free, and GPs are the gateway for much hospital care. They can also receive free care if they have been a victim of rape or female genital mutilation. They cannot be denied emergency or maternity services, but hospitals are in theory encouraged to pursue payment after care is given.

How bad is the Maternity Crisis?

575 women were turned away at the maternity unit door last year, 2015. This is 114 more than in 2014, when 461 women were turned away and four out of ten maternity units were forced to shut temporarily.

For example:

- The Royal Berkshire Hospital in Reading closed its doors 29 times in 2015, once for 48 hours, forcing mums-to-be on a 50-mile journey to the Great Western Hospital in Swindon
- Leeds NHS Trust turned women away 220 times last year, an average of four times a week
- St Mary's maternity ward Manchester had to close twice in 3 days in January.

The impact on women in labour should not be underestimated. As Cathy Warwick, chief executive of the Royal College of Midwives, said in response to their survey: "Our maternity services are overworked, understaffed, underfunded and struggling to meet the demands being placed on them. This is deeply worrying for the quality of care women are receiving, and the safety of services.

"Midwives and maternity support workers are too often keeping services afloat by working long hours, often doing unpaid overtime and missing breaks. This is not a situation that leads to safe and high quality care for women and babies.

The Knock-on Effects

In a 'catch-22' situation, more women at low-risk during pregnancy and birth are being advised to have a home birth to ease the pressure on hospital maternity services. However, the pressure on hospital births means home birth and postnatal care services also suffer. Around two-thirds of the Heads of Midwifery contacted for the RCM survey said that on-call community staff were called in to cover the labour and delivery suites; and over one third (35.8%) said this restricted home birth service provision.

Another problem is that midwives are not able to deliver constant or personal care. In December 2015, a survey by the Care Quality Commission of 20,600 women found one quarter of them had been left alone during labour; and research by the National Childbirth Trust (NCT) revealed that 88% of women had not met the midwife present while they were giving birth. The same survey also found 60% of women do not receive enough postnatal care.

The Politics

In order to meet current demand, the National Audit Office says at least 2,600 more midwives need to be deployed within the NHS in England and Wales.

Ahead of the 2010 General Election, David Cameron wrote an article for *The Sun* newspaper promising 3,000 more midwives if the Conservatives were to form a government. When he became Prime Minister however, he claimed that the birth rate was 'levelling off' and broke his pledge. At the time, around 30% of 83 of the most senior midwives said their units had seen a fall in their budgets despite dealing with a high birth rate and more complex deliveries.¹⁷

EU law also threatens the safety of patients in the UK. Brussels compels the UK to automatically recognise the qualifications of doctors trained in other EU member states, despite the fact training varies dramatically between EU states. The fact that around one in ten doctors gained their qualifications elsewhere in the EU has caused the General Medical Council to raise concerns, not least because systematic checks on whether EU doctors can speak English remain illegal under EU law.

If the UK is still in the EU and subject to EU law in 2018, UK regulators could be stripped of their power to check the qualifications of doctors coming into the UK on a temporary basis, including assessing whether they speak English to an adequate standard.¹⁸

¹⁷ <http://www.telegraph.co.uk/news/health/news/8139521/David-Cameron-breaks-election-midwife-pledge.html>

¹⁸ http://www.voteleavetakecontrol.org/how_the_eu_is_threatening_patient_safety?utm_campaign=160404_c_news&utm_medium=email&utm_source=voteleave

Conclusion and Recommendations

There is little politicians can, or indeed should do about the increasing age at which women are giving birth, apart from promoting awareness of the risks of this choice. Minimising the impact of migration on maternity services is, however, a challenge the government could rise to, if ministers have the will to do so.

Key to this is ending the current situation whereby fees are not being collected consistently. British taxpayers should not be funding an unofficial 'international' health service, and this state of affairs should not be allowed to continue.

Equally critical is appointing as soon as possible new midwives to meet the current shortage.

We recommend:

1. Making it a statutory duty for every maternity unit to check the ID of pregnant women and then to issue invoices and chase payments as applicable. This should be the responsibility of a dedicated administrator and not midwives and nurses. They should not be expected to act as unofficial immigration officers.
2. Treating EU migrants in the same way as non-EU migrants when it comes to maternity care, by charging them 150% of the total cost, as soon as possible within the Brexit timescale.
3. Addressing the shortage of midwives as a matter of urgency. We recommend the government seeks to train and deploy 3,000 new midwives as soon as possible, with the cost funded by the savings we will make by leaving the EU and no longer paying membership fees.
4. Incentivising midwives to train or re-train by exempting degree courses approved by the Nursing and Midwifery Council from tuition fees, with the cost again recouped from the savings we will make when no longer paying EU membership fees.